



PTO/SB/21 (12/97)

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030

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application No.	09/844,161
		Filing Date	April 27, 2001
		First Named Inventor	J. Chris Russell
		Group Art Unit	2182
		Examiner Name	
Total Number of Pages in This Submission	6	Attorney Docket Number	80398P458

ENCLOSURES <i>(check all that apply)</i>		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) <i>(please identify below):</i> <div style="border: 1px solid black; padding: 5px; height: 40px;"> Postcard; Response to Notice to correct appln papers. </div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Robert P. Cogan, Reg. No. 25,049 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	August 24, 2001

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class mail with sufficient postage in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on:

August 24, 2001

Typed or printed name	Priscilla Anderson
Signature	
Date	August 24, 2001

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DUPLICATE

PTO/SB/17 (12/99)

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FEE TRANSMITTAL for FY 2000

Patent fees are subject to annual revision

TOTAL AMOUNT OF PAYMENT (\$)

Complete if Known

Application No.	09/844,161
Filing Date	April 27, 2001
First Named Inventor	J. Chris Russell
Examiner Name	
Group/Art Unit	2182
Attorney Docket Number	80398P458

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to

Deposit Account Number	02-2666
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Deposit Account Name	Blakely, Sokoloff, Taylor & Zafman LLP
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Charge Any Additional Fee(s) Required Under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20

Applicant claims small entity status See 37 CFR 1.27

2. Payment Enclosed:

Check Credit card Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
101	710	201	355	Utility filing fee	
106	320	206	160	Design filing fee	
107	490	207	245	Plant filing fee	
108	710	208	355	Reissue filing fee	
114	150	214	75	Provisional filing fee	

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES

Total Claims	Independent Claims	Multiple Dependent	Extra Claims	Fee from below	Fee Paid

***or number previously paid, if greater. For Reissues, see below*

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description
103	18	203 9 Claims in excess of 20
102	80	202 40 Independent claims in excess of 3
104	260	204 135 Multiple Dependent claim, if not paid
109	80	209 40 **Reissue independent claims over original patent
110	18	210 9 **Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

3. ADDITIONAL FEE

Large Entity	Small Entity	Fee Description	Fee Paid
105	130	205 65 Surcharge - late filing fee or oath	
127	50	227 25 Surcharge - late provisional filing fee or cover sheet.	
139	130	139 130 Non-English specification	
147	2,520	147 2,520 For filing a request for reexamination	
112	920*	112 920*Requesting publication of SIR prior to Examiner action	
113	1,840*	113 1,840*Requesting publication of SIR after Examiner action	
115	110	215 55 Extension for response within first month	
116	390	216 195 Extension for response within second month	
117	890	217 445 Extension for response within third month	
118	1,390	218 695 Extension for response within fourth month	
128	1,890	228 945 Extension for response within fifth month	
119	310	219 155 Notice of Appeal	
120	310	220 155 Filing a brief in support of an appeal	
121	270	221 135 Request for oral hearing	
138	1,510	138 1,510 Petition to institute a public use proceeding	
140	110	240 55 Petition to revive - unavoidable	
141	1,240	241 620 Petition to revive - unintentional	
142	1,240	242 620 Utility issue fee (or reissue)	
143	440	243 220 Design issue fee	
144	600	244 300 Plant issue fee	
122	130	122 130 Petitions to the Commissioner	
123	50	123 50 Petitions related to provisional applications	
126	180	126 180 Submission of Information Disclosure Stmt	
581	40	581 40 Recording each patent assignment per property (times number of properties)	
146	710	246 355 Filing a submission after final rejection (37 CFR 1.129(a))	
149	710	249 355 For each additional invention to be examined (37 CFR 1.129(b))	
179	710	279 355 Request for Continued Examination (RCE)	
169	900	169 900 Request for expedited examination of a design application	
Other fee (specify)			
Other fee (specify)			
* Reduced by Basic Filing Fee Paid		SUBTOTAL (3) (\$)	

Complete (if applicable)

Name (Print/Type)	Robert P. Cogan	Registration No. (Attorney/Agent)	25,049	Telephone	(858) 457-0022
Signature				Date	08/24/01

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AMERICAN INSTITUTE OF PATENT & TRADEMARK OFFICE

APR 28 2001

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Complete if Known

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Large Entity Small Entity

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3. ADDITIONAL FEE

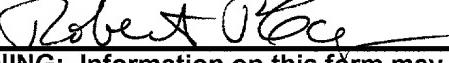
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Other fee (specify) _____			
Other fee (specify) _____			

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Robert P. Cogan	Registration No. (Attorney/Agent)	25,049	Telephone	(858) 457-0022
Signature				Date	08/24/01

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